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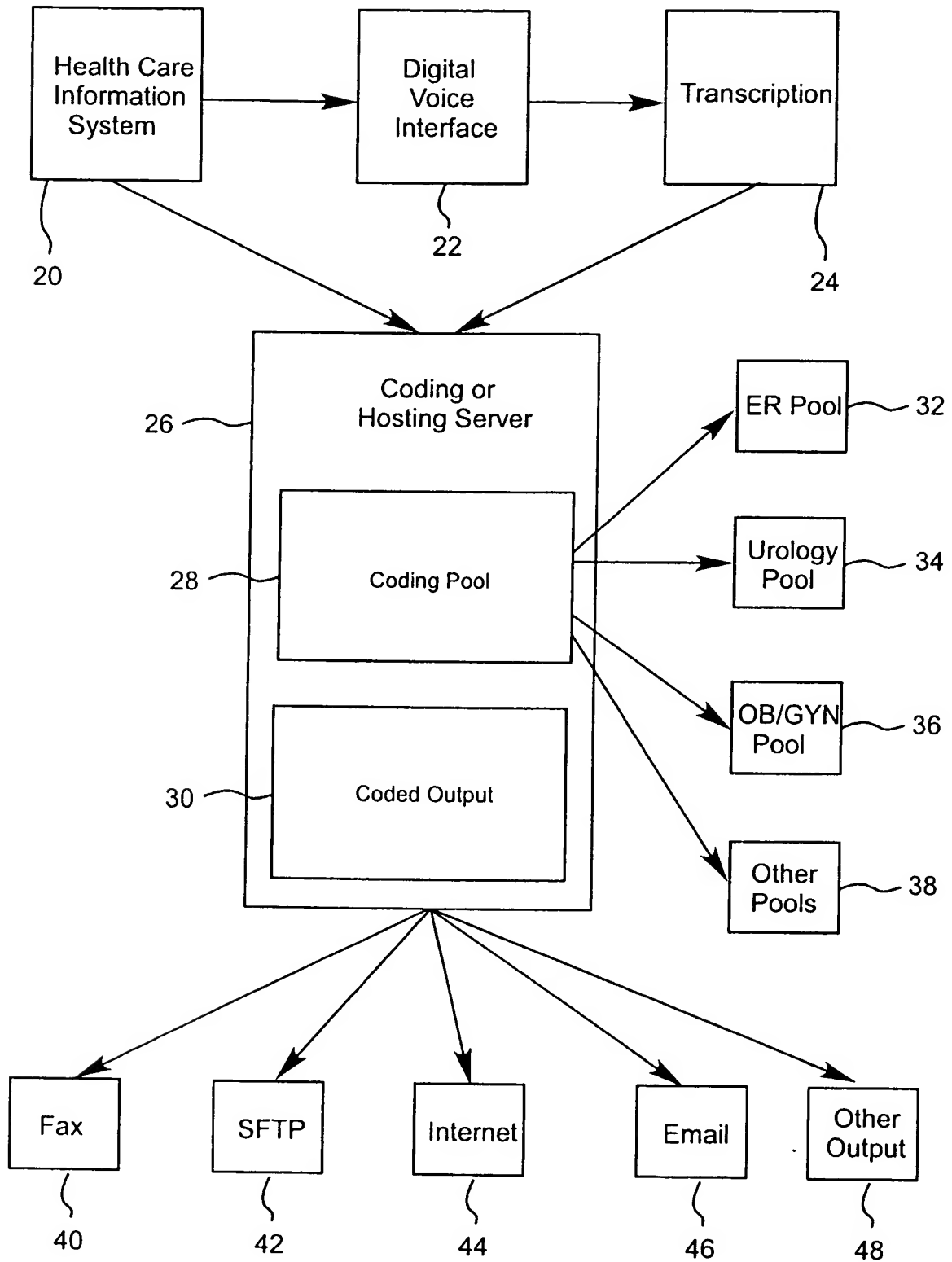


FIG. 1

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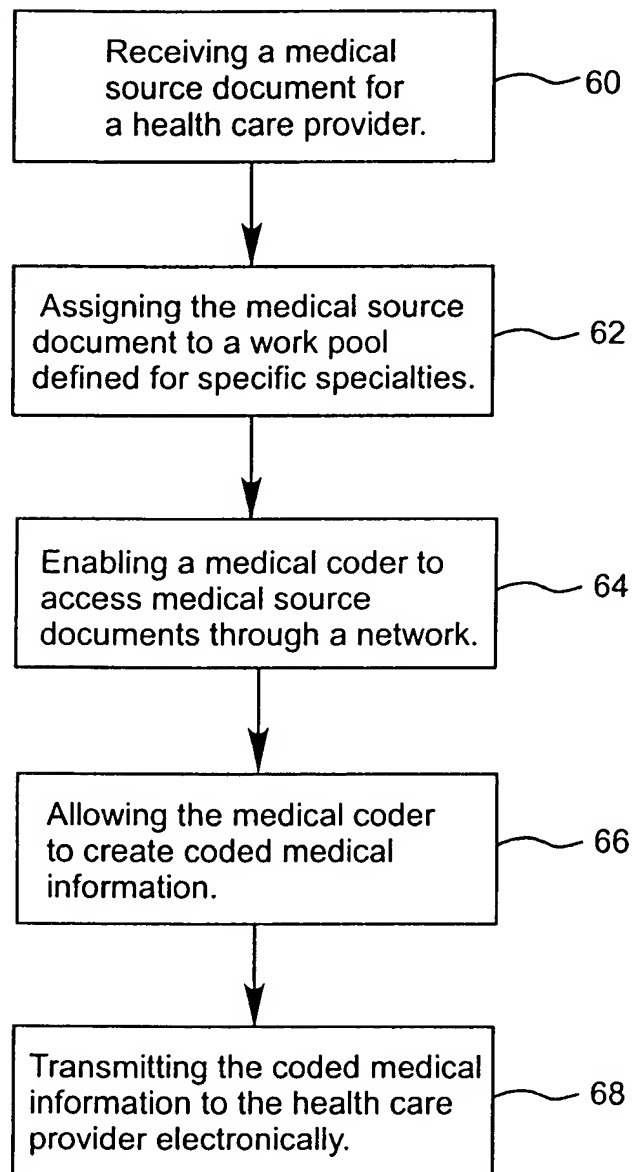


FIG. 2

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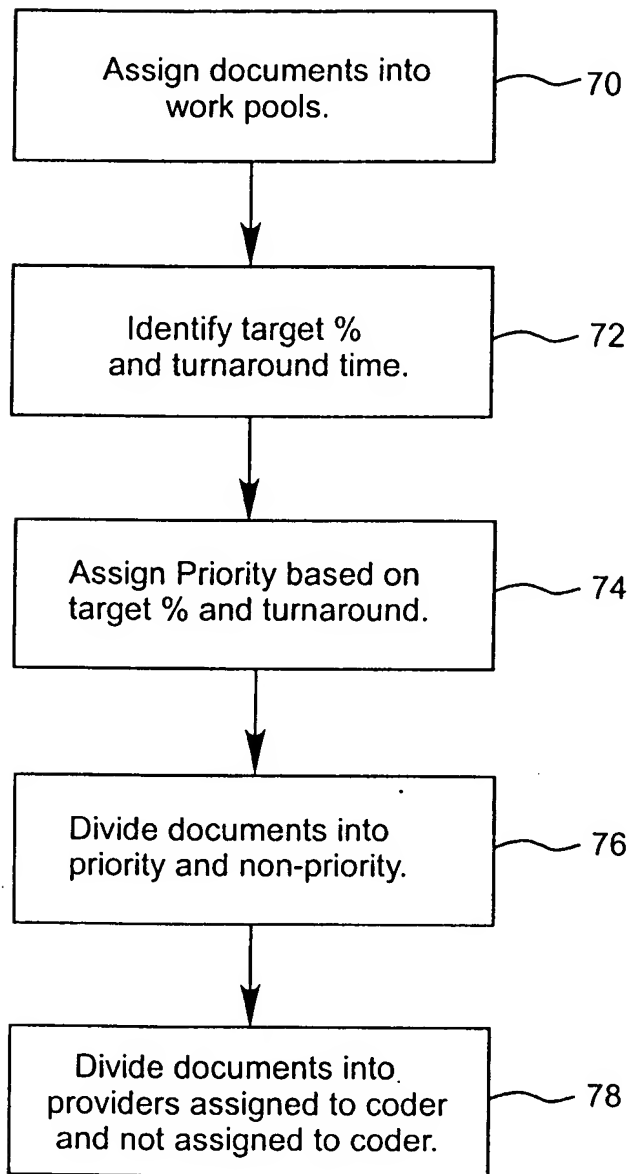


FIG. 3

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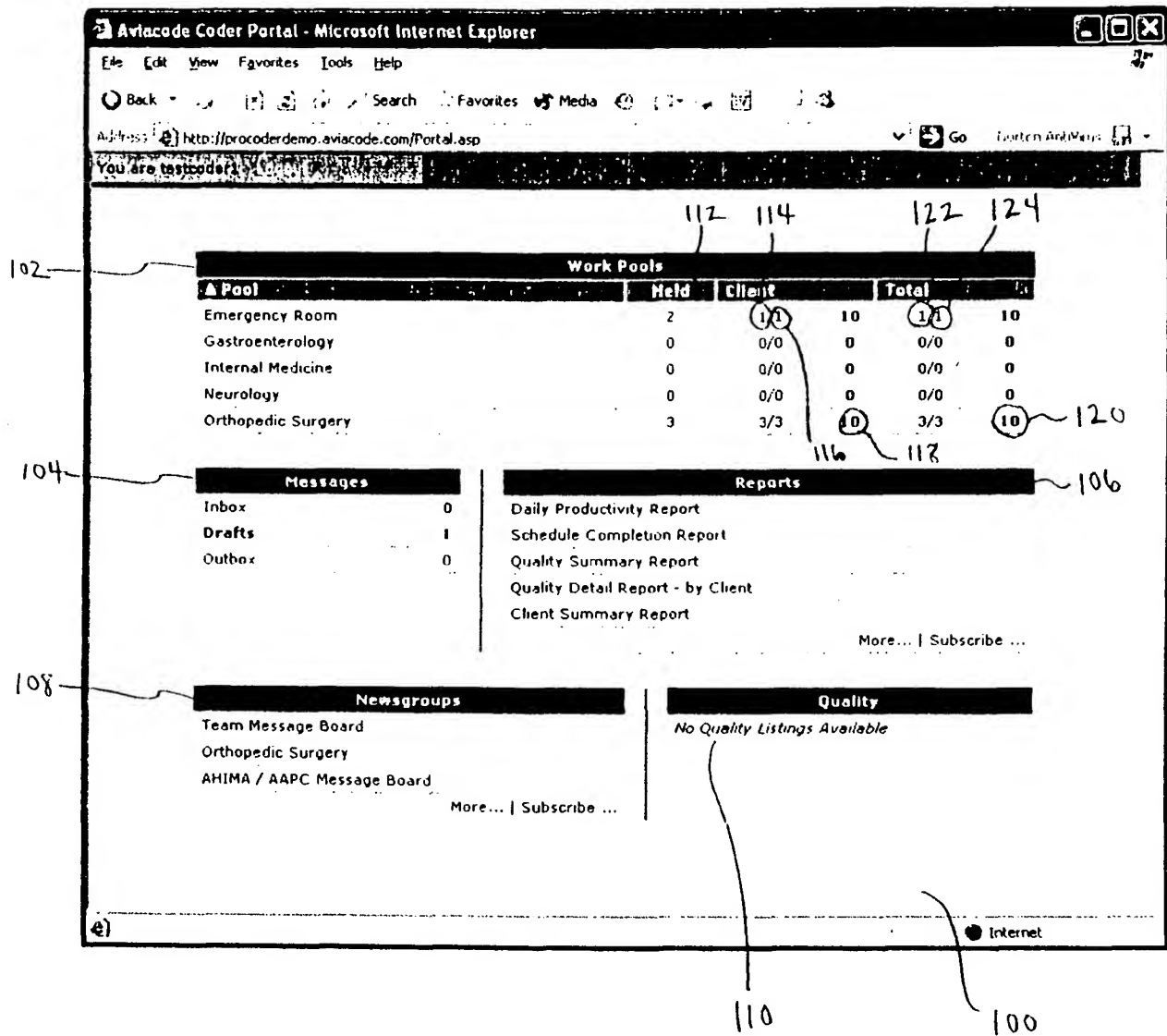


FIG. 4

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Aviacode Workpool - Microsoft Internet Explorer

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Address: http://procoderdemo.aviacode.com/Workpool.asp

You are testcode1

Orthopedic Surgery

Priority: 3
Total: 3
Oldest Document: 54 Days, 3 Hours, 4 Minutes

Get New Document — 132
Return to Code Portal

Assigned Clients

Client	Priority	Total	Held	Oldest Document
Client Demonstration	3	4	2	54 Days, 3 Hours, 4 Minutes
Total	3	4	2	54 Days, 3 Hours, 4 Minutes

138

Suspended Documents

ClientID	Ref. Code	DOS	Primary Physician	Date/Time Held
CHSNPS	refcd345	4/15/2002	Dr. Joseph Catamaran	6/11/2002 10:03:58 AM
Demo	refcd326	4/15/2002	Dr. Joseph Catamaran	6/11/2002 10:43:06 AM
Demo	refcd329	4/15/2002	Dr. Joseph Catamaran	6/11/2002 10:14:04 AM

136

134

Internet

130

FIG. 5

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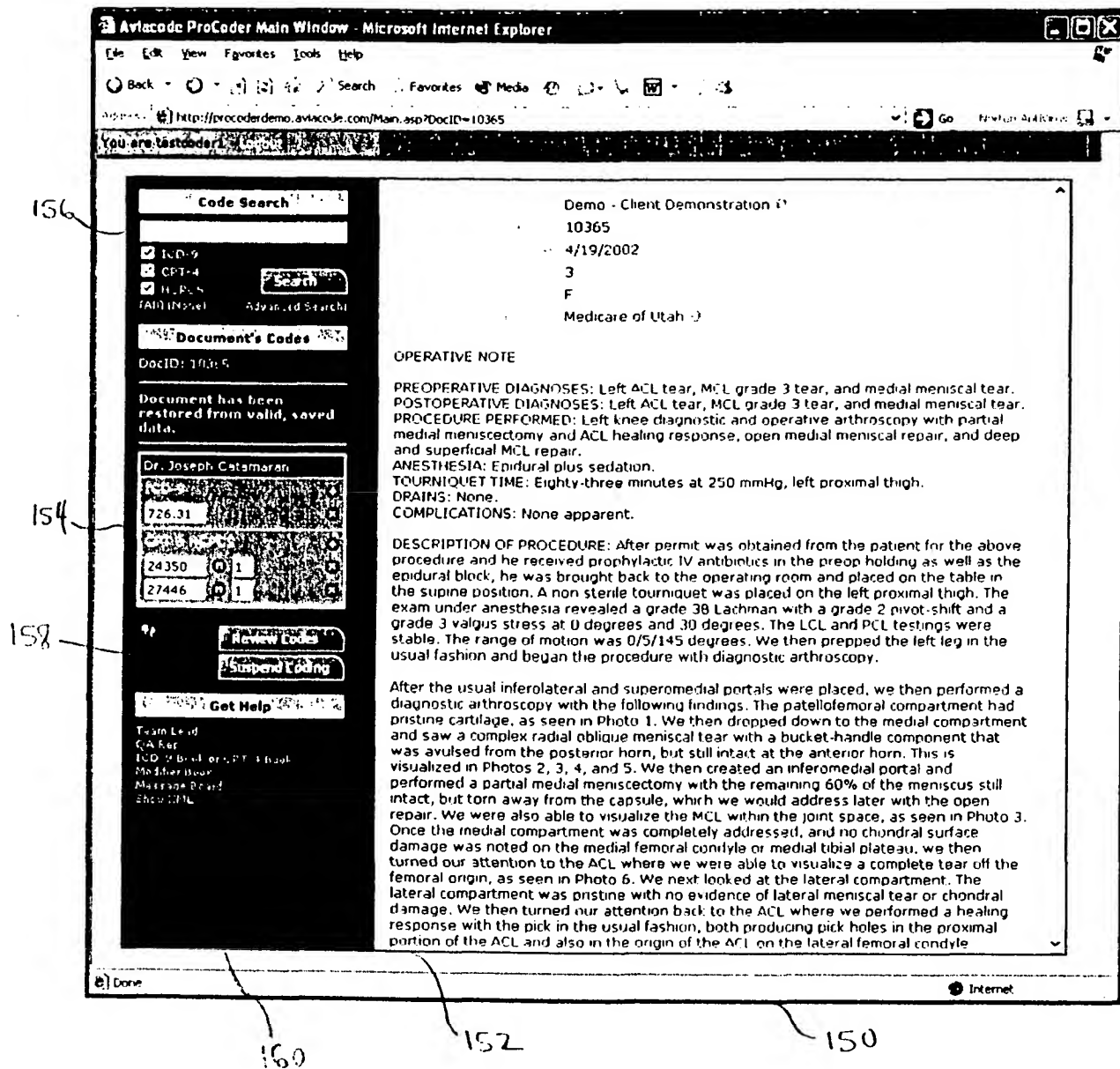


FIG. 6

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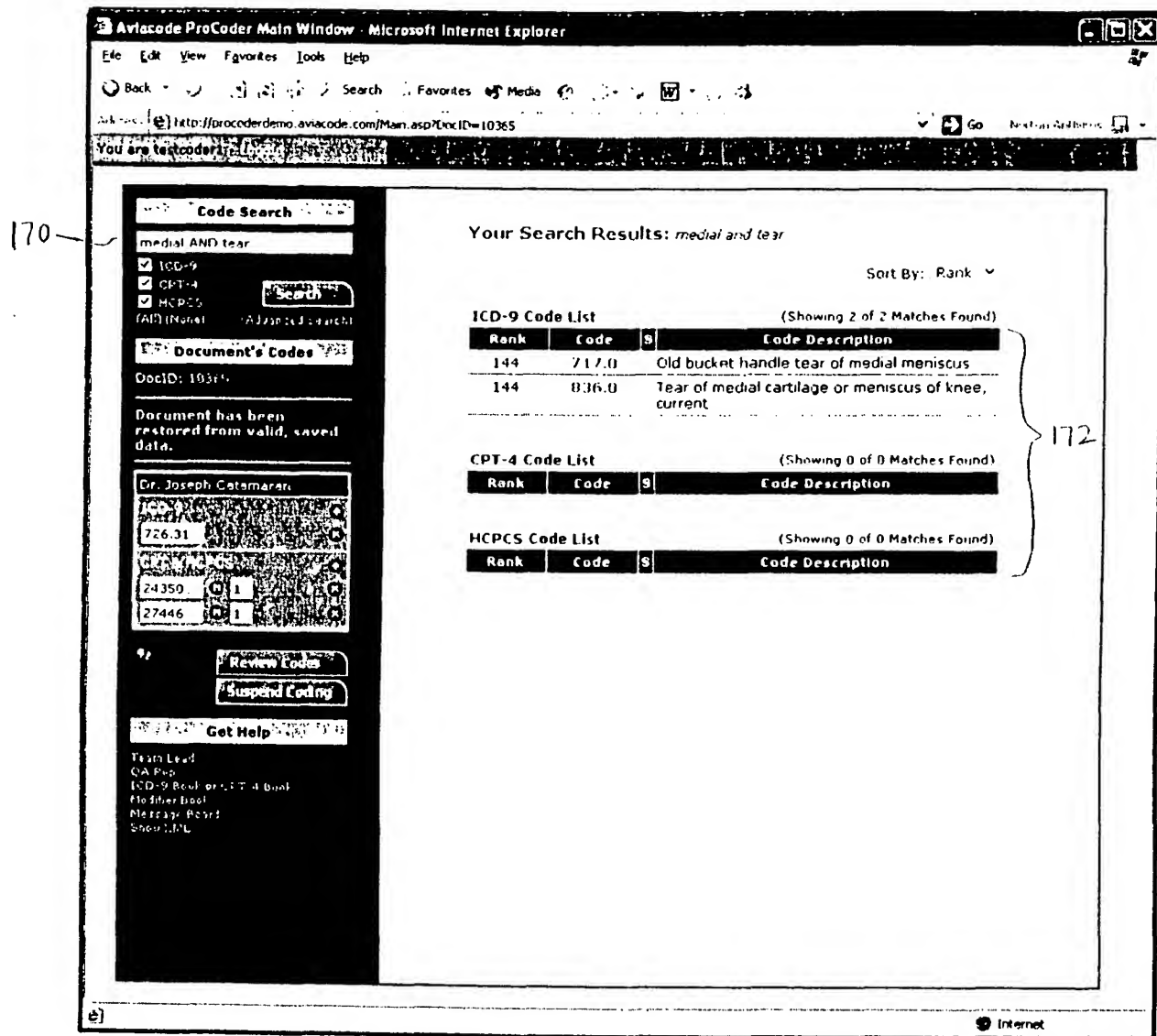


FIG. 7

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You are logged in as [User Name]

Code Search

medial AND tear

☒ ICD-9
☒ CPT-4
☒ HCPCS
(Advanced Search)

Document's Codes

DocID: 10365

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Dr. Joseph Catamaran

ICD-9
726.31

CPT-4
24350
27446

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Demo - Client Demonstration

10365

4/19/2002

3

F

Medicare of Utah

OPERATIVE NOTE

PREOPERATIVE DIAGNOSES: Left ACL tear, MCL grade 3 tear, and medial meniscal tear.
POSTOPERATIVE DIAGNOSES: Left ACL tear, MCL grade 3 tear, and medial meniscal tear.
PROCEDURE PERFORMED: Left knee diagnostic and operative arthroscopy with partial medial meniscectomy and ACL healing response, open medial meniscal repair, and deep and superficial MCL repair.
ANESTHESIA: Epidural plus sedation.
TOURNIQUET TIME: Eighty-three minutes at 250 mmHg. left proximal thigh.
DRAINS: None.
COMPLICATIONS: None apparent.

DESCRIPTION OF PROCEDURE: After permit was obtained from the patient for the above procedure and he received prophylactic IV antibiotics in the preop holding as well as the epidural block, he was brought back to the operating room and placed on the table in the supine position. A non sterile tourniquet was placed on the left proximal thigh. The exam under anesthesia revealed a grade 3B Lachman with a grade 2 pivot-shift and a grade 3 valgus stress at 0 degrees and 30 degrees. The LCL and PCL testings were stable. The range of motion was 0/5/145 degrees. We then prepped the left leg in the usual fashion and began the procedure with diagnostic arthroscopy.

After the usual inferolateral and superomedial portals were placed, we then performed a diagnostic arthroscopy with the following findings. The patellofemoral compartment had pristine cartilage, as seen in Photo 1. We then dropped down to the medial compartment and saw a complex radial oblique meniscal tear with a bucket-handle component that was avulsed from the posterior horn, but still intact at the anterior horn. This is visualized in Photos 2, 3, 4, and 5. We then created an inferomedial portal and performed a partial medial meniscectomy with the remaining 60% of the meniscus still intact, but torn away from the capsule, which we would address later with the open repair. We were also able to visualize the MCL within the joint space, as seen in Photo 3. Once the medial compartment was completely addressed, and no chondral surface damage was noted on the medial femoral condyle or medial tibial plateau, we then turned our attention to the ACL where we were able to visualize a complete tear off the femoral origin, as seen in Photo 6. We next looked at the lateral compartment. The lateral compartment was pristine with no evidence of lateral meniscal tear or chondral damage. We then turned our attention back to the ACL where we performed a healing response with the pick in the usual fashion, both producing pick holes in the proximal portion of the ACL and also in the origin of the ACL on the lateral femoral condyle

Done Internet

FIG. 8

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medial AND tear

☒ ICD-9
☒ CPT-4
☒ HCPCS
(All) (None) (Advanced Search)

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DocID: 10365

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Dr. Joseph Catamaran

726.31	
24350	1
27446	1

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Search

with all of the words
with the exact phrase
with at least one of the words
without the word(s)

Search Codes

☒ ICD9 ☐ Include expired codes
☒ CPT4
☒ HCPCS
(All) (None)

Search

javascript:document.frmLogout.submit() Internet

FIG. 9

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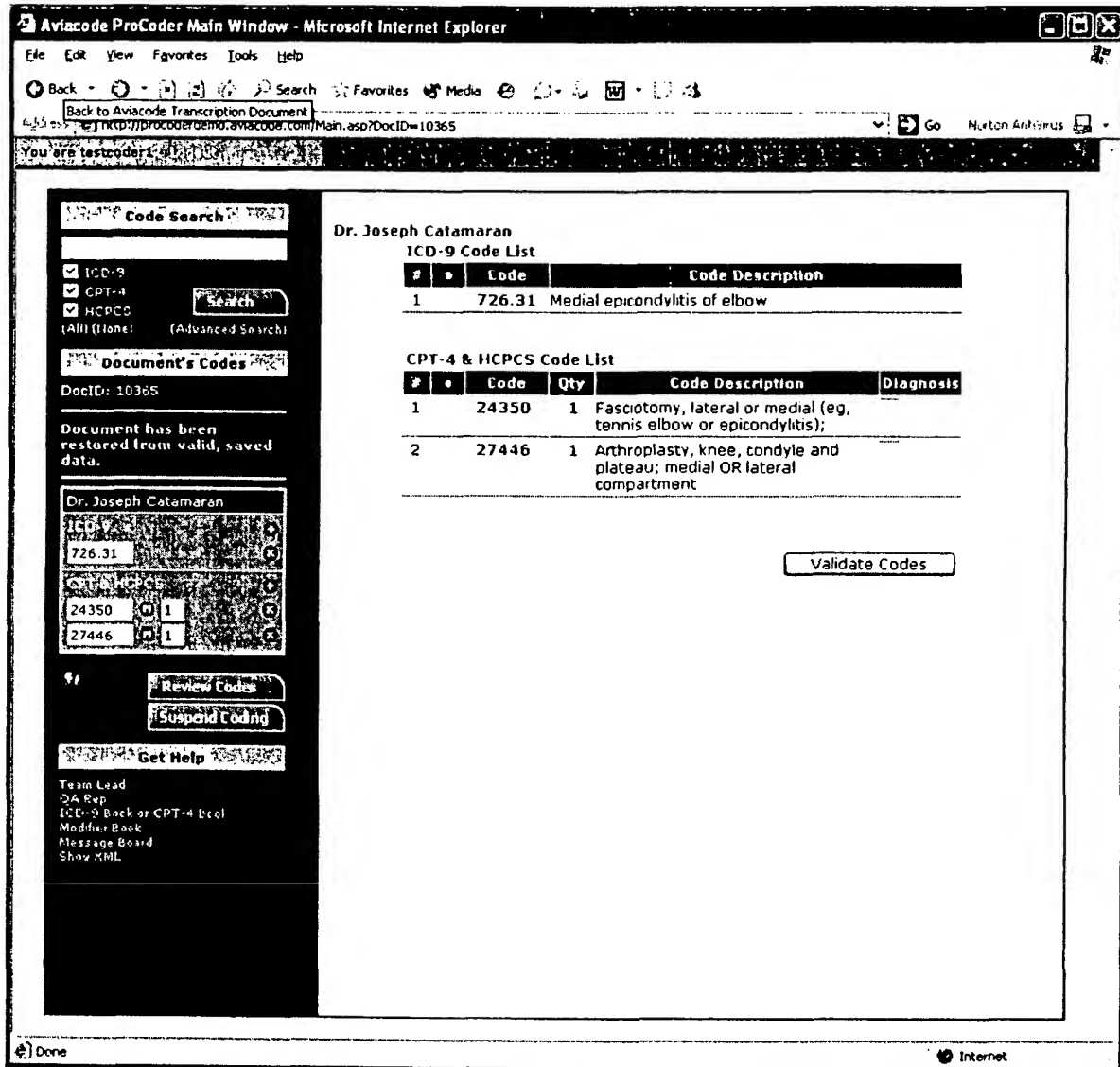


FIG. 10

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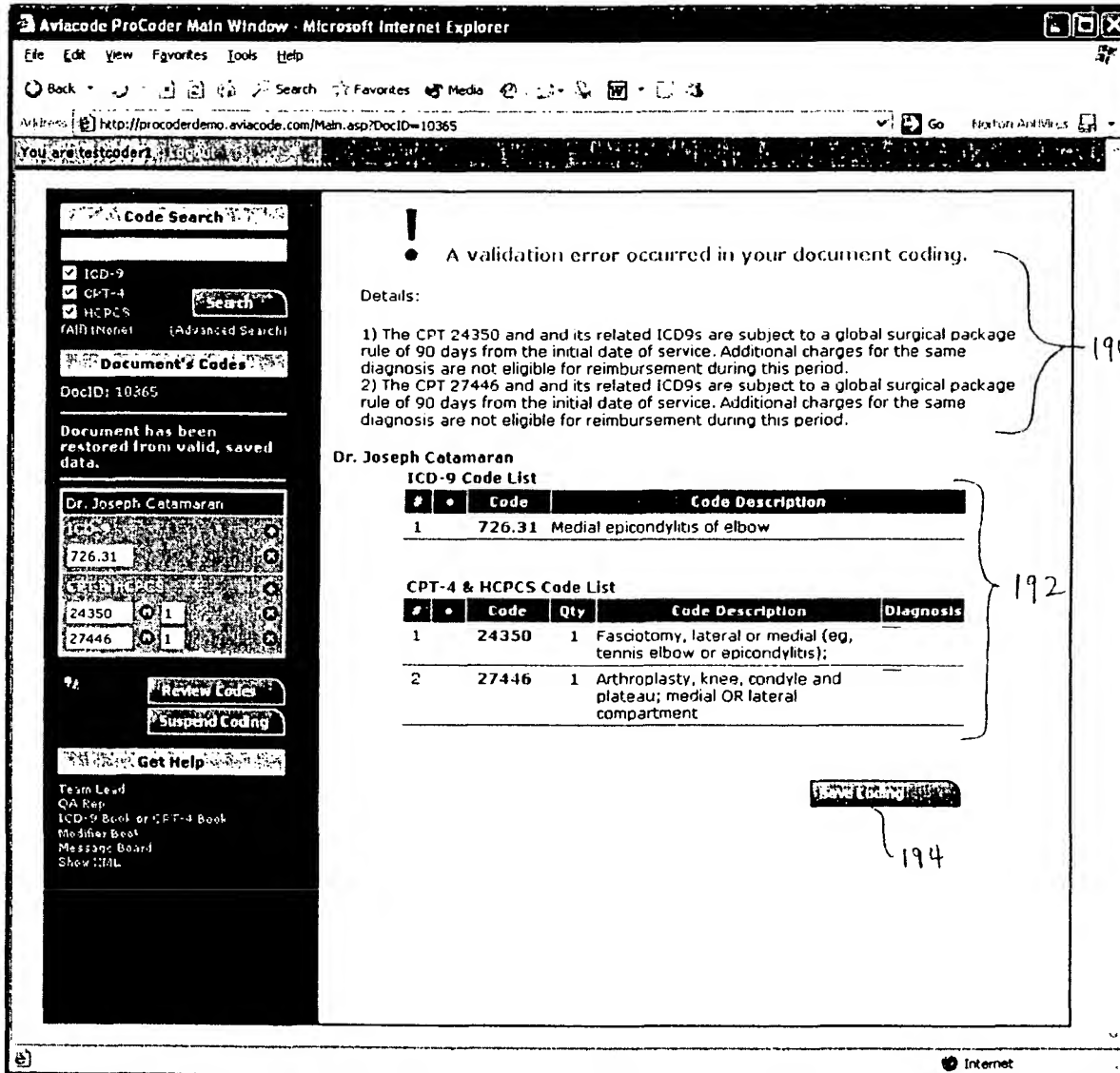


FIG. 11